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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100.07704-1

								<u></u>		<u> </u>		
CLAIMS AS			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS		15				Ī	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	1 5 minus 20=		* ø			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	6 mii	nus 3 =	* 3'		Ì	X42=		OR	X84=	252
MU	ILTIPLE DEPEN	DENT CLAIM PI	RESENT				Ì	.140		1	. 200	_
* If the difference in column 1 is less than zero, enter						olumn 2	Ĺ	+140=		OR	+280=	699
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	-/-/-
		(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	Ī	X42=		OR	X84=	-
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		Ì	+140=		OR	+280=	
			L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE					
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	١	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F (C) A A		ı	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	ſ	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-	ŀ	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						}					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pa					form	nd in the ann	ronriate ho	r in co	lumn 1	